



**Osha & May**

www.oshamay.com

One Houston Center • Suite 2800  
1221 McKinney Street  
Houston, Texas 77010  
Tel 713.228.8600  
Fax 713.228.8778

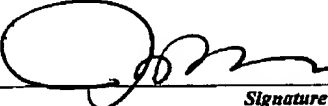

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**JUL 12 2004****OFFICIAL****Fax****Date:** July 12, 2004**File:** 04995/023001

**To:** U.S. Patent Office  
Examiner Tianjie Chen  
Patent Technology Center

**No:** 703/872-9314**From:** Jonathan P. Osha**Re:** Supplemental Reply Under 37 CFR 1.111**Pages (Including cover sheet):** 9☐ **URGENT!**☐ **Please Reply**☐ **Please Review  
& Comment**☐ **For Your  
Information****● COMMENTS:****Inventor:** Kunio SAWAI**Application Number:** 09/938,172**Filing Date:** August 23, 2001**Group Art Unit:** 2652**Title:** MAGNETIC TAPE DEVICE WITH MECHANISM TO INCREASE  
PRESSING FORCE**CONFIDENTIALITY NOTICE**

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. 04995/023001	
Applicant(s): Kunio SAWAI					
Application No. 09/938,172	Filing Date August 23, 2001	Examiner Tianjie CHEN	Customer No. 22511	Group Art Unit 2652	Confirmation No. 1621
Invention: MAGNETIC TAPE DEVICE WITH MECHANISM TO INCREASE PRESSING FORCE					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	4 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0591 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature Jonathan P. Osha, Reg. No. 33,986 OSHA & MAY L.L.P. One Houston Center, Suite 2800 1221 McKinney Street Houston, Texas 77010  Telephone: 713/228-8600 Facsimile: 713/228-8778			Dated:   <div style="border: 1px solid black; padding: 5px;">         I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.           Signature of Person Mailing Correspondence           Typed or Printed Name of Person Mailing Correspondence       </div>		
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